COVID-19 Update
"In the Middle?"

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

22 June 2020

Phase 2 Maryland Strong Recovery
Advanced Primary Care on the Front Line

Even as we emerge from our shelters the COVID-19 virus remains among us. To get through this phase we must protect our vulnerable patients or fall backward.

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Agenda

❖ Today's Morbidity and Mortality Data

❖ Projections

❖ Contact Tracing

❖ Phase 2 Opening – risk and reward

❖ Future webinars info

❖ Minority Health Disparities Guest Speaker

❖ Q & A

❖ Resources Appendix

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Morbidity and Mortality Update

	New Cases (6/21)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		2,248,029 (6/21)		119,615 (6/21)
Maryland	297	64,603	16.0%	2945

	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	14.47	18.62	17.86	15.83	11.31	7.22	6.78
Case rate (per 100,000)	1159.86	1471.31	1487.77	1179.67	1077.54	1223.78	2011.01
% of cases hospitalized	6.09	8.69	12.03	19.82	29.14	40.09	31.90
Rate hospitalized (per 100,000)	70.58	127.82	179.02	233.77	313.96	490.61	641.58

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 6/22/2020

64,603 confirmed cases

7,433 tests reported 6/21

572,731 cumulative tests
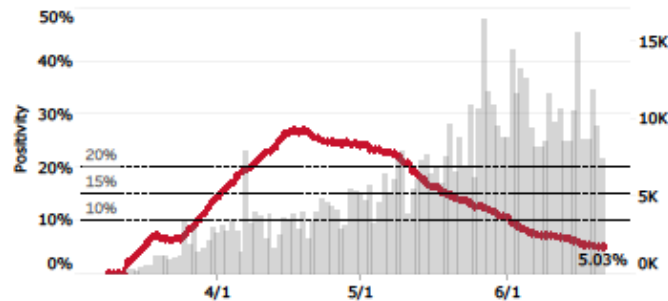
2,945 confirmed deaths

+297 cases reported on 6/21*

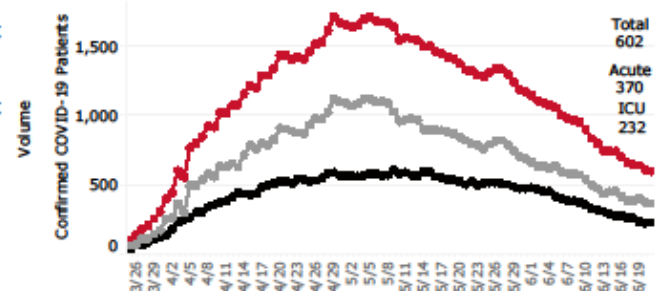**5.15%** daily positivity reported 6/21

5.03% 7-day avg. positivity** reported 6/21
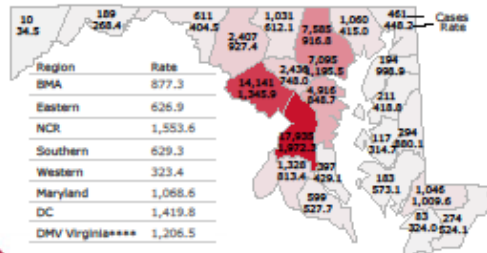
+8 deaths reported on 6/21

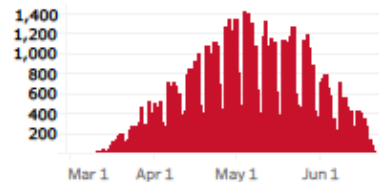## 7-Day Avg. Percent Positive Testing** and Total Testing Volume
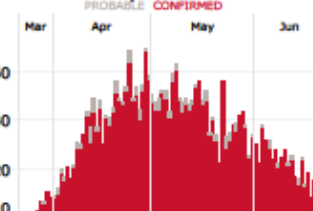
Statewide Acute/ICU Beds Occupied by COVID Patients

Total 602
Acute 370
ICU 232

Cases and Rates by County of Residence

Region	Rate
BMA	877.3
Eastern	626.9
NCR	1,553.6
Southern	629.3
Western	323.4
Maryland	1,068.6
DC	1,419.8
DMV Virginia****	1,206.5

Cases / Rate

Daily Cases
by Specimen Collection Date

Daily Deaths
PROBABLE CONFIRMED

All case-related counts on this dashboard are of individual people infected with COVID-19.
Report date: the day a case was reported to the Maryland Department of Health.
Specimen date: the day the initial lab specimen was collected.
BMA: Baltimore Metro Area; NCR: National Capital Region. DMV: DC, Maryland, and Virginia Area
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
*Daily case increase uses report date.
**Positivity calculated using a 7-day rolling average.
***DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

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Percent of Population Tested for COVID-19 in Maryland Counties
Data reported as of 6/22/2020
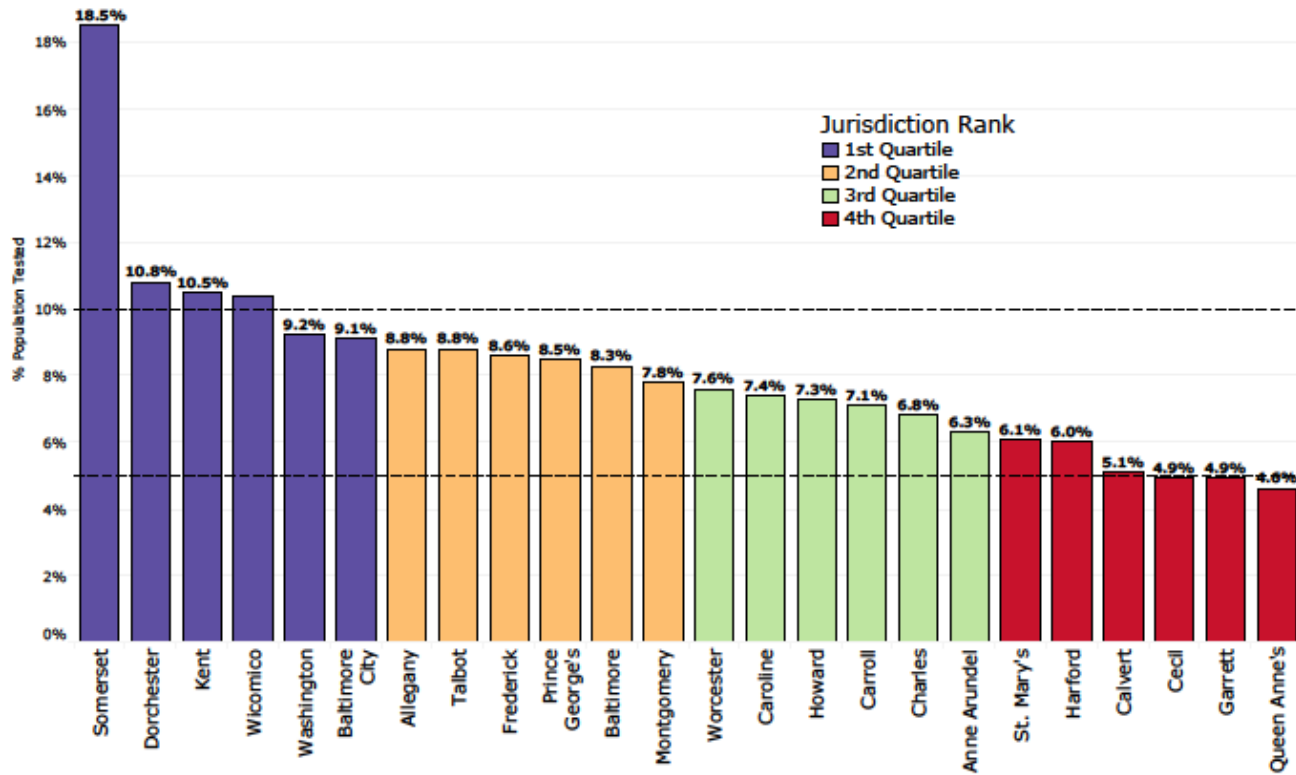
State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
Maryland	**63,956**	**462,280**	**7.7%**	**11,802**	**555,874**	**5.2%**
Allegany County	188	6,134	8.6%	296	6,742	0.6%
Anne Arundel County	4,880	35,435	6.2%	915	43,118	5.8%
Baltimore County	7,480	67,439	8.1%	1,381	83,309	6.5%
Baltimore City	6,993	53,218	8.8%	1,460	64,041	5.7%
Calvert County	393	4,547	4.9%	164	5,049	2.8%
Caroline County	290	2,400	7.2%	39	2,737	2.3%
Carroll County	1,028	11,697	6.9%	248	13,816	1.8%
Cecil County	460	4,856	4.7%	160	5,575	4.5%
Charles County	1,304	10,620	6.6%	219	12,583	3.3%
Dorchester County	180	3,326	10.4%	72	3,848	5.4%
Frederick County	2,380	21,392	8.4%	541	24,329	4.7%
Garrett County	10	1,400	4.8%	33	1,688	0.6%
Harford County	1,052	14,886	5.9%	281	16,187	2.9%
Howard County	2,409	23,096	7.1%	589	25,543	5.8%
Kent County	193	1,983	10.2%	69	2,422	1.8%
Montgomery County	14,004	79,744	7.6%	2,398	92,264	6.9%
Prince George's County	17,804	75,494	8.3%	1,748	87,578	8.9%
Queen Anne's County	204	2,228	4.4%	56	2,765	4.2%
Somerset County	83	4,724	18.4%	60	4,999	1.6%
St. Mary's County	597	6,664	5.9%	196	8,461	2.6%
Talbot County	113	3,080	8.3%	141	3,538	1.3%
Washington County	602	13,485	8.9%	326	16,132	2.1%
Wicomico County	1,039	10,648	10.3%	158	12,802	4.0%
Worcester County	270	3,784	7.3%	138	4,188	4.0%

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Hospital Capacity and Usage
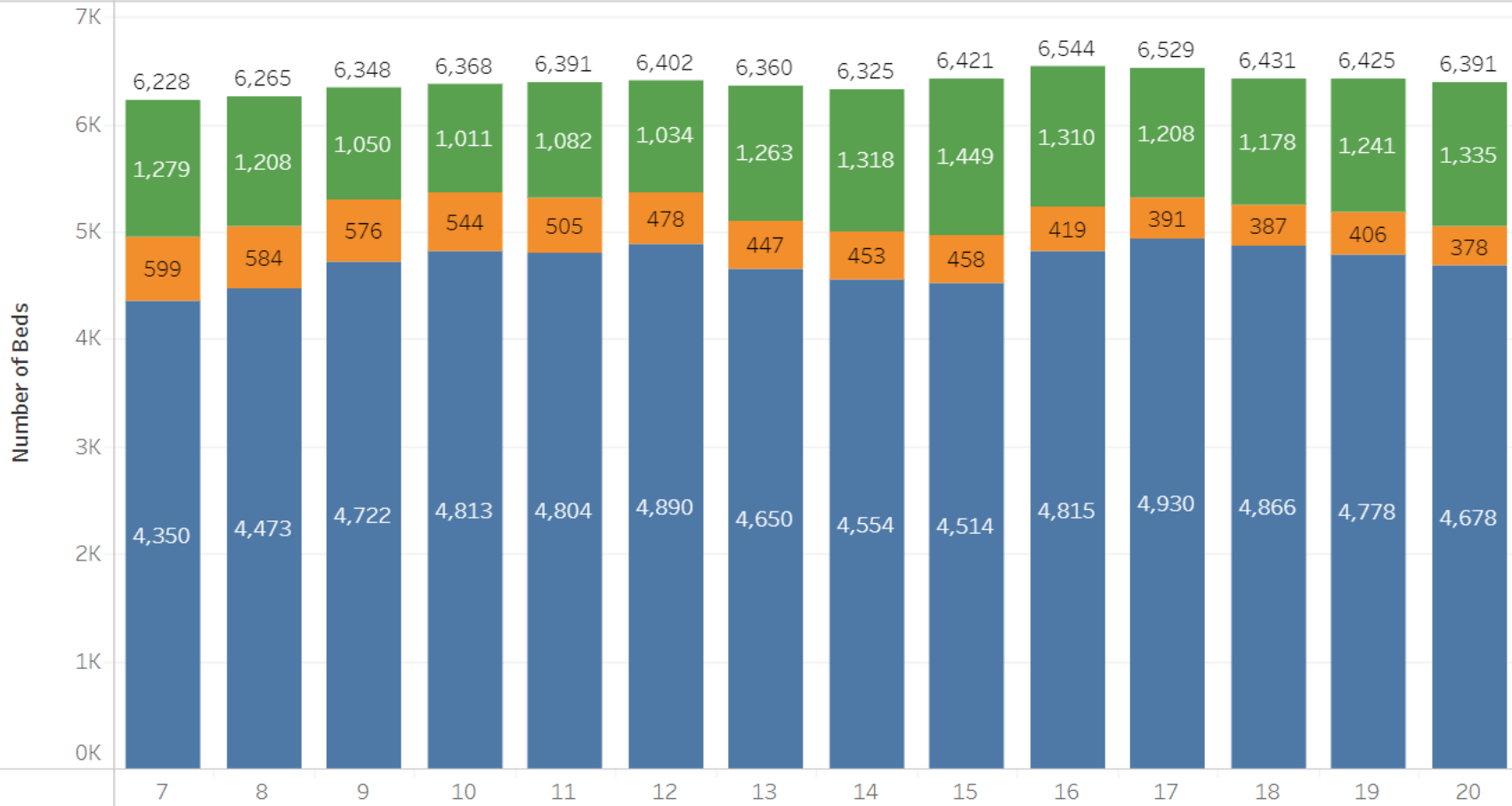
Highlighting Disparity in COVID Impact

1918 Flu Pandemic-

(b)

weekly number of influenza deaths

counties

time (weeks)
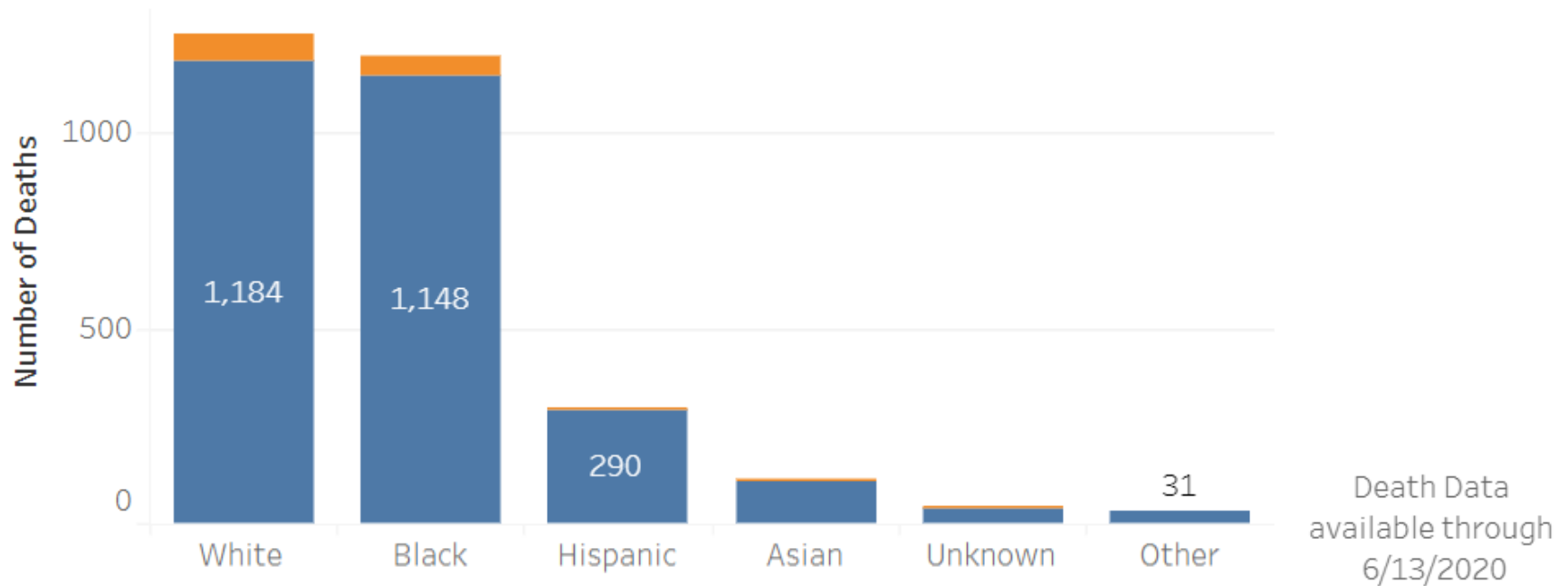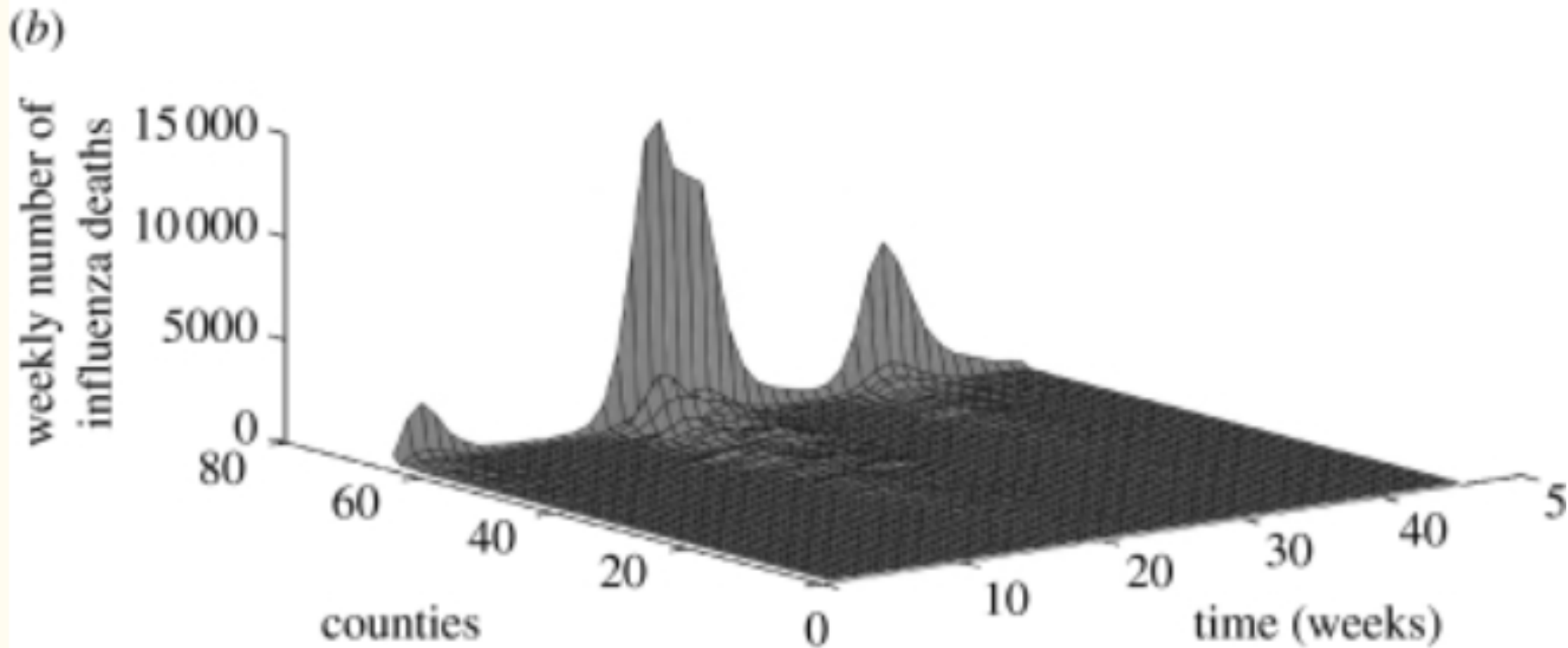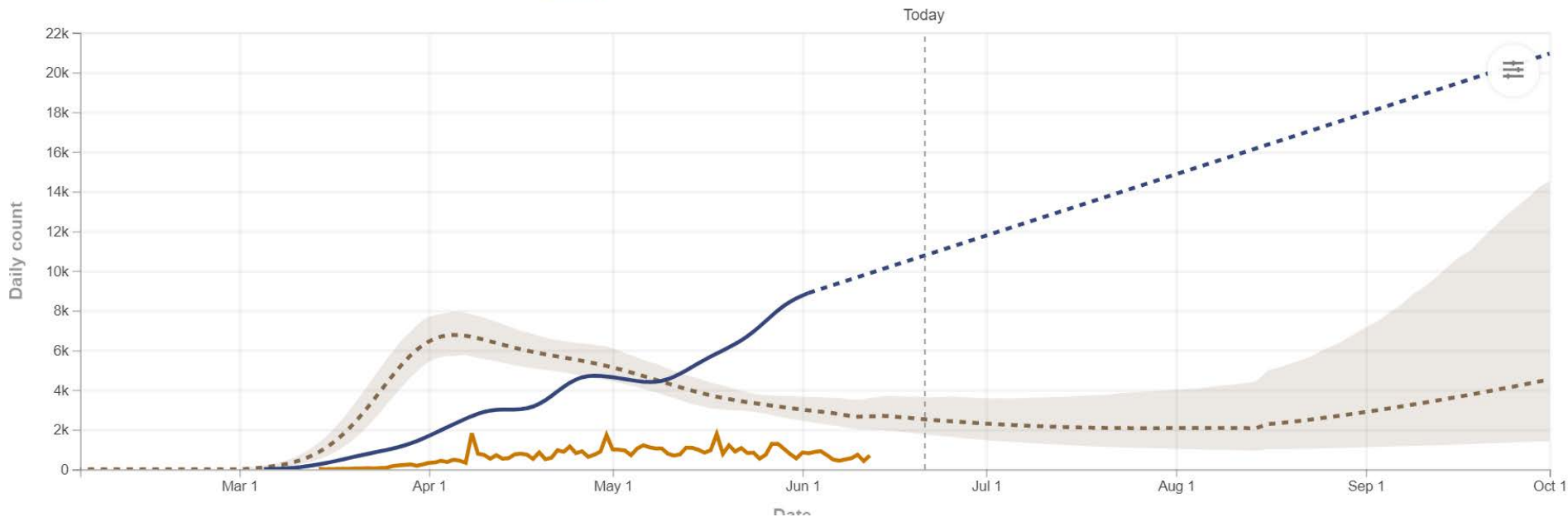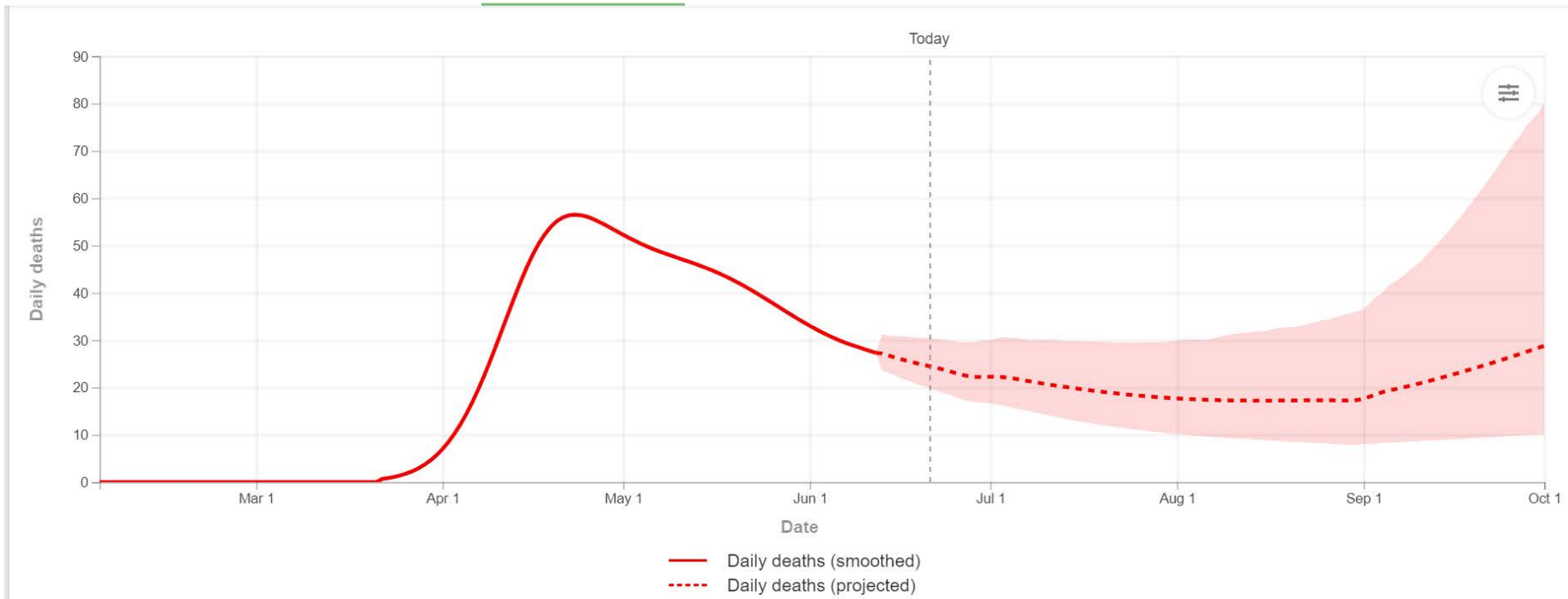
Population Mobility
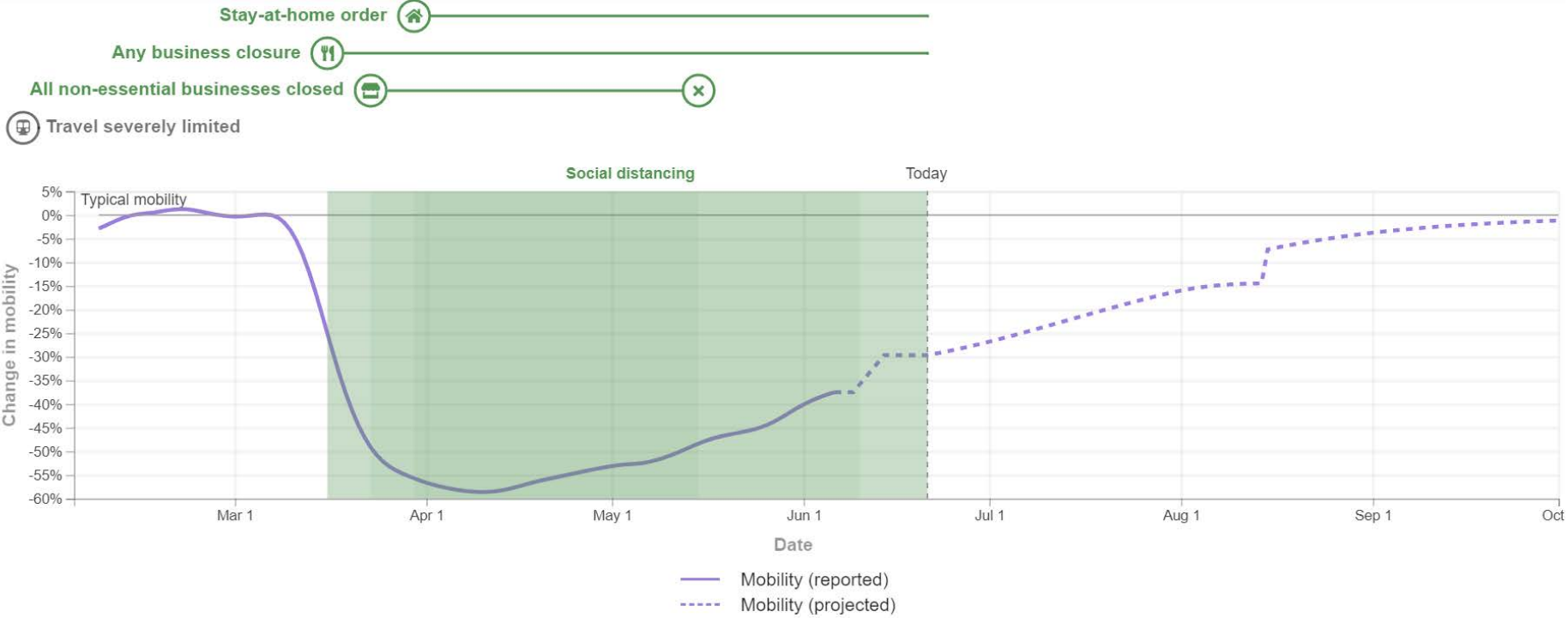
Testing and Infections

Daily infections and testing ⓘ

All | Estimated infections | Confirmed infections | Tests

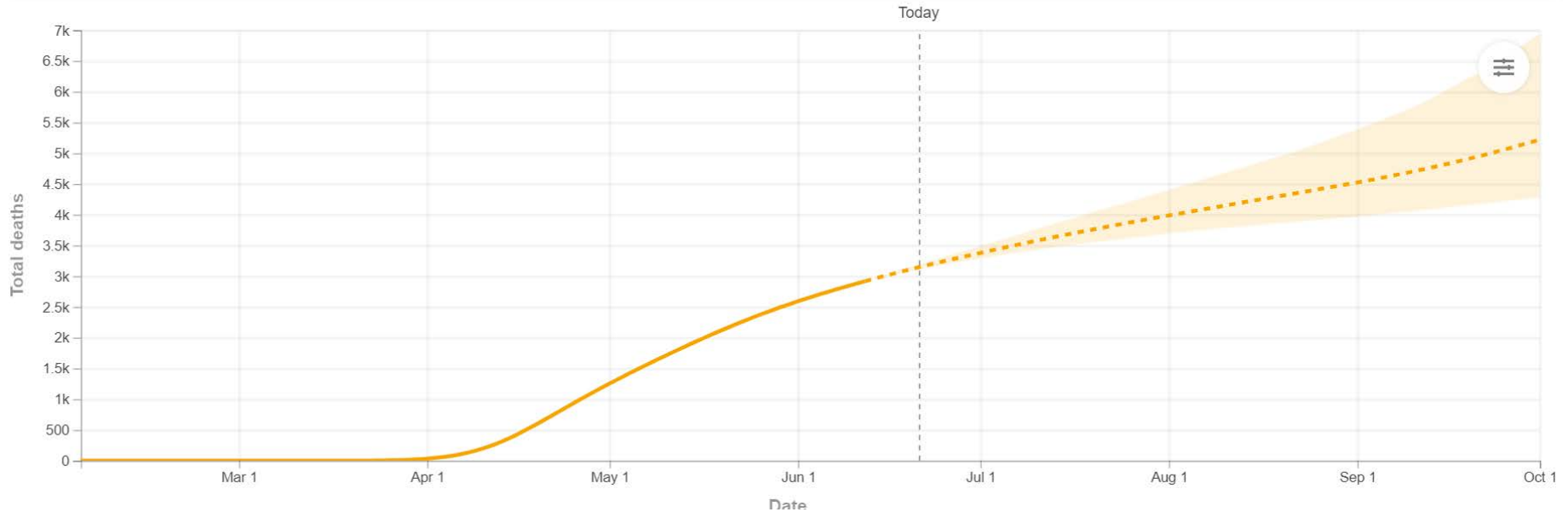# Daily Deaths

Total Deaths
Most in Vulnerable Individuals

5,219 COVID-19 deaths
projected by October 1, 2020

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Contact Tracing and Testing

Governor Hogan encourages all primary care providers to test their patients for Covid-19 in support of the long-term statewide testing program.

- Contact Tracing
  - COVID-19 testing is no longer restricted to patients with specific signs and symptoms
  - Providers should make sure the patient's phone number is updated in the electronic medical record before ordering a test
  - Providers should advise tested patients to monitor their telephones closely for 72 hours after specimen collection, as they will receive a contact tracing call from MD COVID (240-466-4488) if positive

- Testing
  - Multiple sites, including office-based
  - Tests not ordered by contact tracers
  - CRISP for data

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Phase 2 Reopening- Risk and Reward

- Malls
- Casinos
- All businesses
- Personal Services - Nails, Hair, Massage, Tattoo, etc.
- Manufacturing
- Restaurants
- Fitness Centers
- Sporting events
- Pools
- Community, Recreational, Leisure and Cultural Gatherings and Events

- And more…..

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Facemasks - **Required**

- ❖ Retail Establishments
- ❖ Public Transportation
- ❖ Food Service Facilities
- ❖ Alcohol Manufacturers/Sales - Outdoor Dining

- ❖ Personal Services (Salons, Tanning, Tattoos, Massage Parlors)
- ❖ Indoor & Outdoor Sporting Activities (when feasible)
- ❖ Youth Camps (when feasible)
- ❖ Swimming Pools (when possible)

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Compliance is a Complaint-Driven Process

❖ Complaints from customers

❖ Complaints from employees

❖ Complaints from other sources

❖ Health Department on-site education

❖ Health Department Order of Immediate Compliance

❖ Health Department Order for Closure

❖ Enforcement by local and state police

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Gating Benchmark Metrics

Focus on gating benchmarks for continued safe rollout of expanding reopening efforts, and as we transition from "Stay at Home," to voluntary "Safer at Home"

"Stop Signs"

- An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care; and sustained increase in cases over a period of five or more days
- Increase in number of daily COVID deaths
- Indications that Marylanders are disregarding physical distancing guidelines
- Significant outbreaks of community transmission (not clusters or outbreaks in particular nursing homes or vulnerable communities) where contact tracing cannot establish the route of the spread

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The Path Ahead

PRIMARY CARE ROADMAP TO RECOVERY

1 RECOVERY PREREQUISITES

2 PILOTING THE SET-UP

3 REOPENING
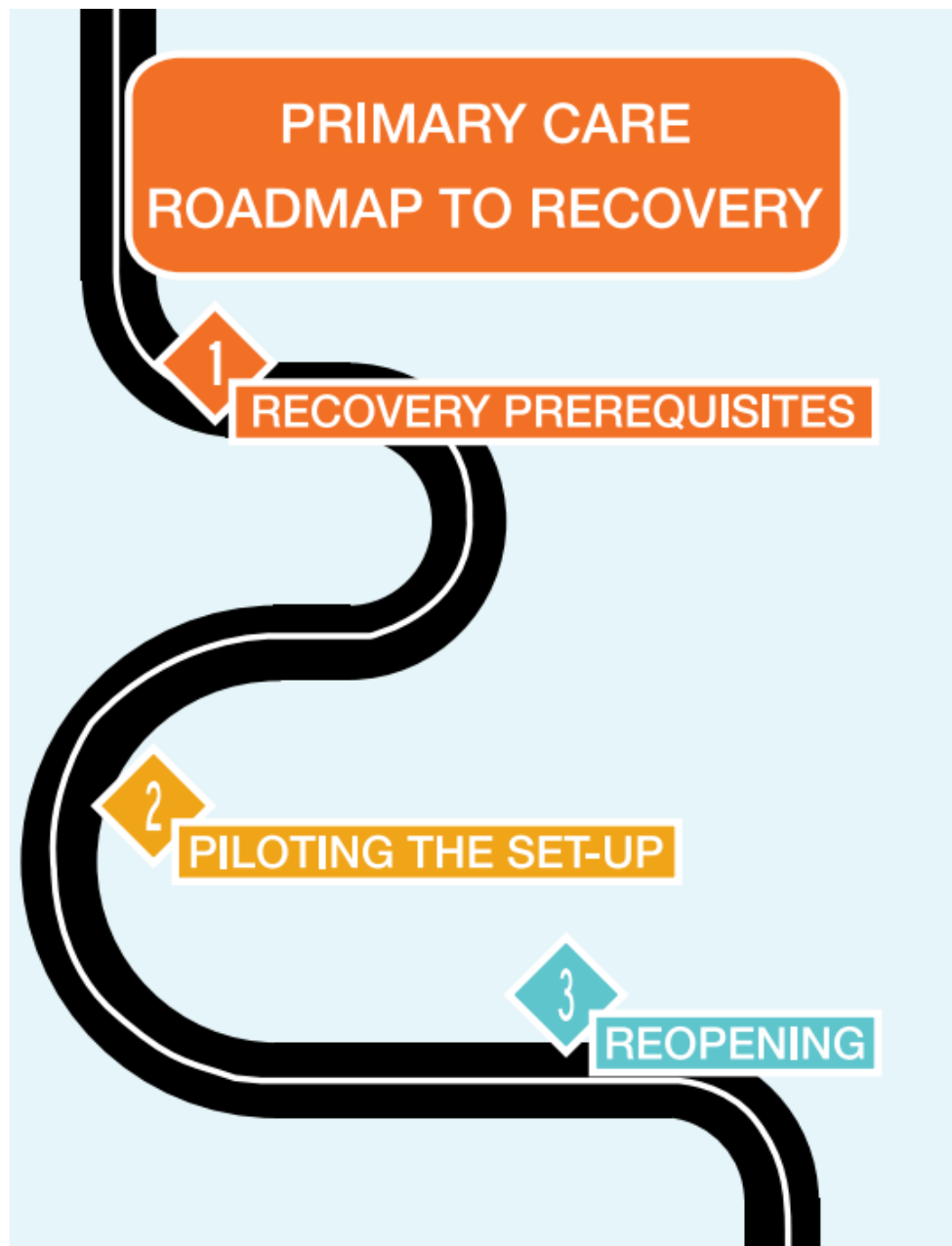
Infrastructure: Physical Space

- Office set up promotes physical distancing for practice staff
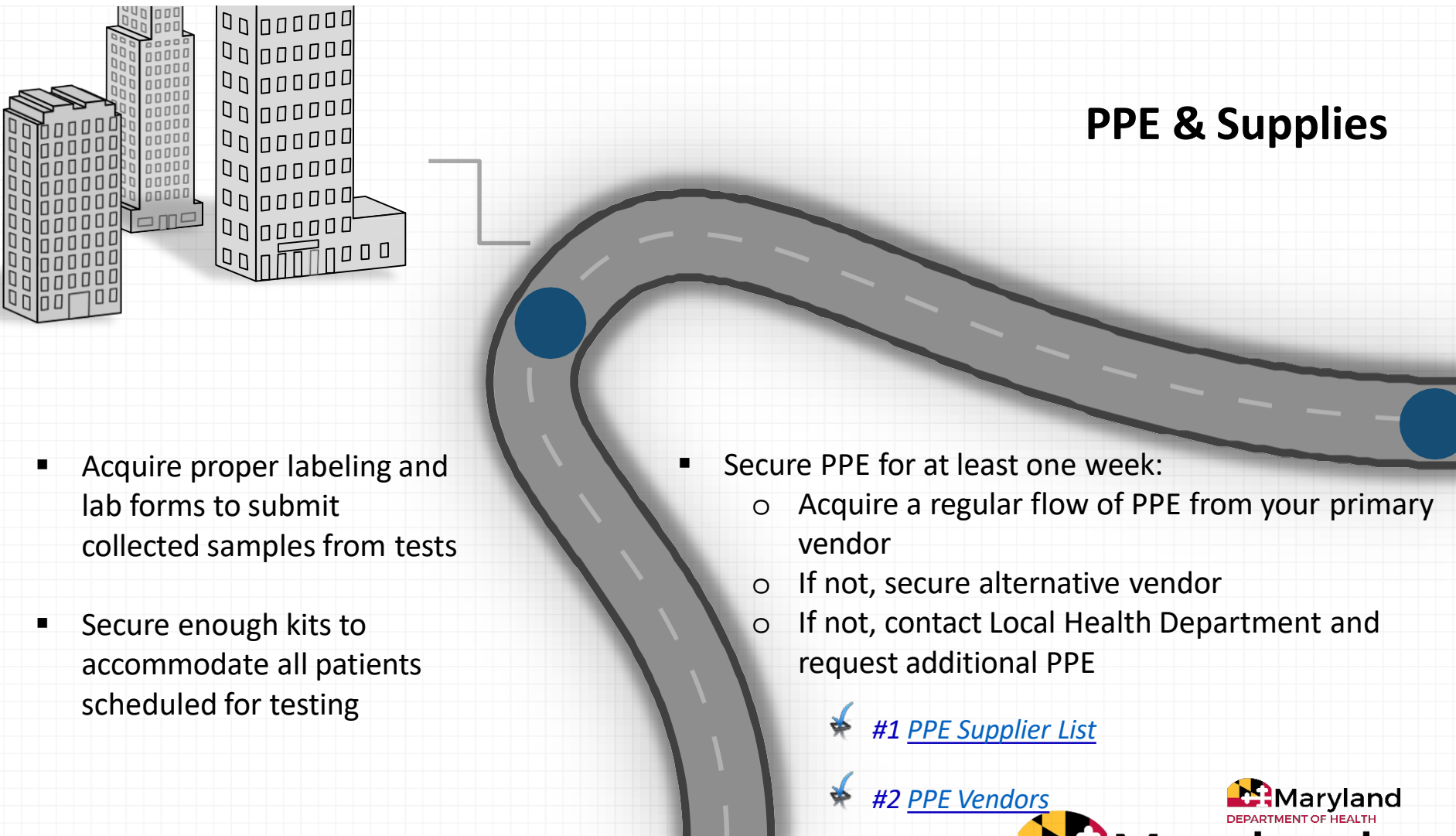
[CDC: Get Your Clinic Ready during COVID-19](#)

- **Prepare your waiting area & Patient Rooms:**
  - Space Chairs at least six feet apart
  - Remove magazines, pamphlets, toys, and other potential vectors for infection
  - Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trashcans

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PPE & Supplies

- Acquire proper labeling and lab forms to submit collected samples from tests

- Secure enough kits to accommodate all patients scheduled for testing

- Secure PPE for at least one week:
  o Acquire a regular flow of PPE from your primary vendor
  o If not, secure alternative vendor
  o If not, contact Local Health Department and request additional PPE

  #1 PPE Supplier List

  #2 PPE Vendors

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Technology

- Establish/Enhance telemedicine capabilities

- Telehealth capabilities to support telework

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Telework

Essential Staff

▪ **Staffing Schedule**: Determine which staff are essential to patient visits versus which can telework

▪ **Screening**: Consider logging daily temperature checks for employees who come to the office

People: Staff

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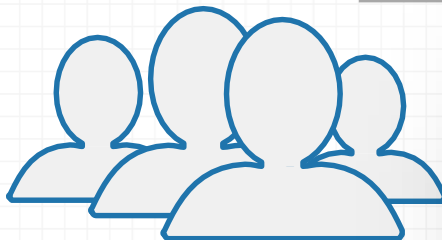
Environmental Safety

- Establish Sanitizing & Disposal Procedures:

  o Document sanitization/sterilization procedures for all persons within the building

  o Establish a method for staff to sanitize and properly discard PPE & other disposables in a safe and proper manner consistent with county/state regulations

Ten Ways Healthcare Systems Can Operate Effectively during COVID-19

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Staff Safety

- **COVID Screening & Follow up**:
  - Daily temperature checks & follow-up
  - Establish protocol for returning to work following recovery from COVID

- **Proper PPE Use** (e.g. masks)

Staff "In-office" Schedule

Telework

Temperature Check?

PPE Use?
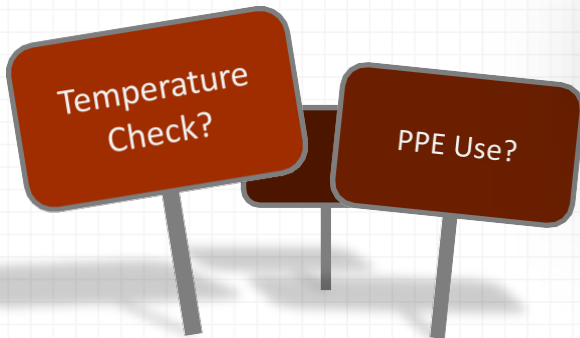
- Establish new staffing protocol (admin & clinical) based on sanitation capacity, office configuration, and patient volume

- Establish **Self-Care** policies & access to Resources

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Patient Safety

- *CDC: Face Covering* Home-made Mask
- Guide to Social Distancing

- Limit patients' companions
- Patient PPE use (especially masks)
- Set aside a specific waiting area for patients who come in for testing
- Minimize patients and staff crossing between COVID and non-COVID areas
- Patient Education & Communication on Safe Practices & office protocols

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Communication Plan

- **How often:** Daily, weekly, monthly, bi-monthly
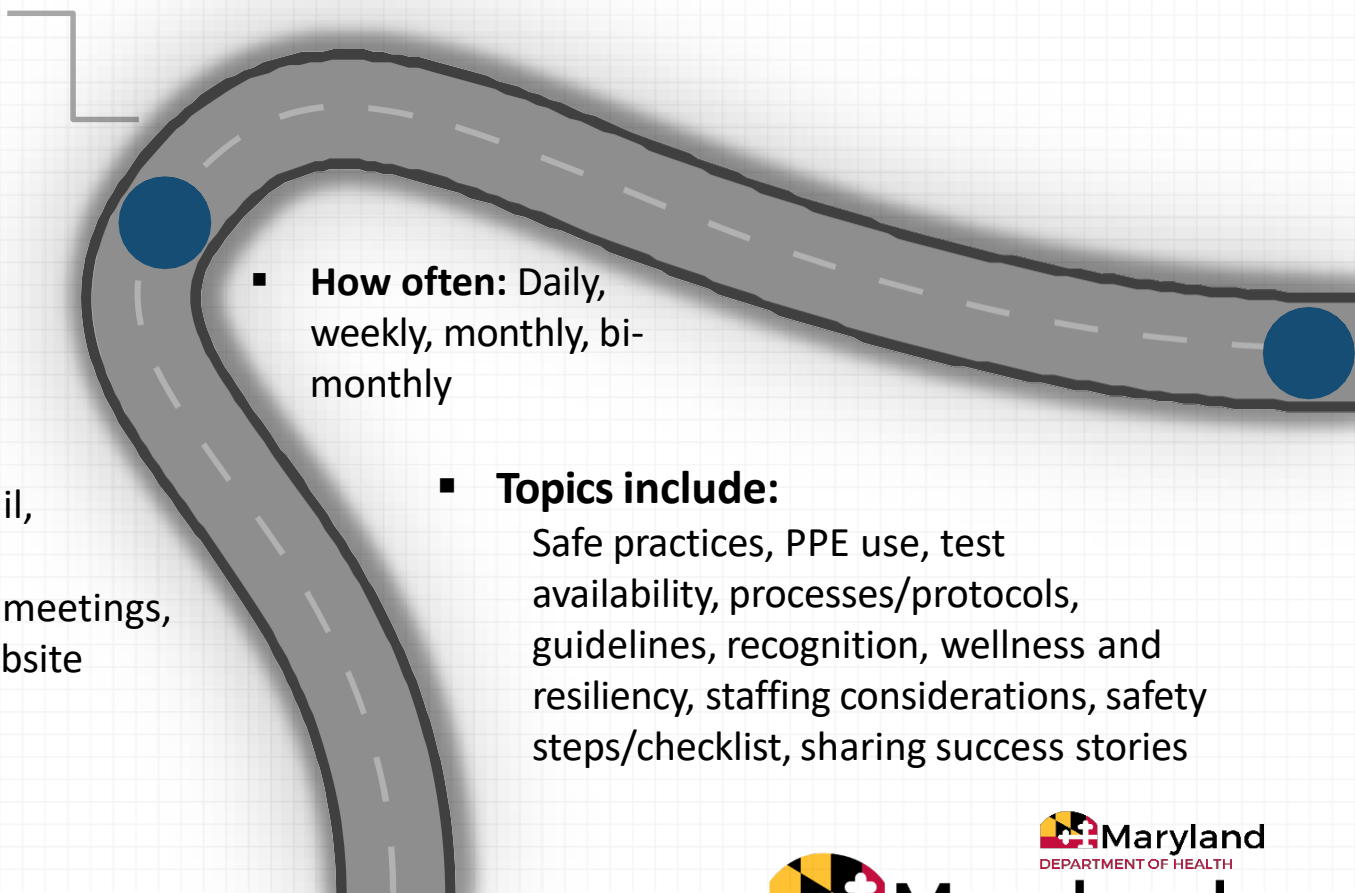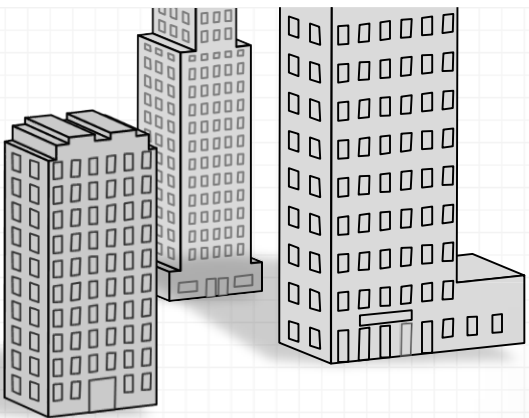
- **Communication type:** Email, newsletter, Intranet, text message, interactive video meetings, signage, staff meetings, website updates, social media

- **Topics include:**
  Safe practices, PPE use, test availability, processes/protocols, guidelines, recognition, wellness and resiliency, staffing considerations, safety steps/checklist, sharing success stories

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Reopening: Piloting
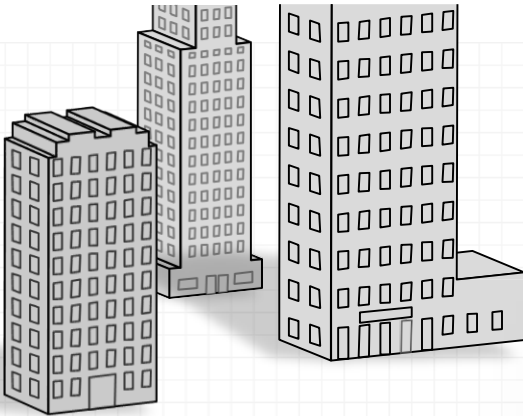
- **Telehealth Visits**
  - Establish/enhance telehealth visit protocol – for follow-ups or patients uncomfortable with office visits

  📌 *MDPCP Telemedicine Guide*

Develop & Implement workflows for inpatient & virtual visits:

A. **Patient Stratification** & COVID Screening calls
   📌 *Viewing COVID-19 Data in CRISP*

B. **Tele-triage** patients to determine if patient should be scheduled for an in-person or telemedicine visit

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Piloting (continued)

- **In-Person/Office Visits**

  o Consider using a triage zone for in-person patient triage (including walk-ins)

  o Scheduling: Different days for At-risk and vulnerable patients; more time between visits, etc.

  o In-office COVID testing protocol

- **Telemedicine Visits**

  o Ensure smooth handoffs & good <u>WEBSIDE</u> manners

  o **Physical Examination**: conduct physical exams with telemedicine allowing visual observation and assessment of common vital signs

  VIDEO: How to Conduct a Physical Exam Via Telemedicine

  Video: Provider WEBSIDE Manners
  Video: Conduct an Abdominal Exam through video
  Video: MKS Exam through video
  BP Check at Home

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Virtual Visit Codes

Type of service	What is the service	HCPCS/CPT Codes
Medicare telehealth visits	Telehealth consultation, emergency department or initial inpatient, typically **30 minutes** communicating with the patient via telehealth	HCPCS code G0425
	Telehealth consultation, emergency department or initial inpatient, typically **50 minutes** communicating with the patient via telehealth	HCPCS code G0426
	Telehealth consultation, emergency department or initial inpatient, typically **70 minutes** or more communicating with the patient via telehealth	HCPCS code G0427
Virtual Check-in	A **brief** (5-10 minutes) check in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. CMS said it doesn't consider these to be telehealth services, although they are using "technology-based"	HCPCS code G2012 HCPCS code G2010
E-Visits	A communication between a patient and their provider through an online patient portal	99421, 99422, 99423

[Medicare Complete List of Telehealth Codes](#)
[MDPCP Billing & Coding Guide](#)

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Pilot

Before

After

Before Patients Arrive
- Prepare the clinic
- Communicate with patients
- Prepare the waiting area and patient rooms

When Patients Arrive
- Place staff at the entrance to ask patients about their symptoms
- Separate sick patients with symptoms

After Patients are Assessed
- First ask patients about their symptoms
- Notify LHD of patients with COVID-19 symptoms
- Clean up after patients

CDC: Getting Your Practice Ready
MDPCP Scheduling In-Office Appointments
MDPCP Patient Rooming Workflow

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Reopening
(Next)

- **Build on prior activities**
- Open practice for ALL essential office and medical functions
  - Conduct panel analysis before more broadly opening office
  - Take precautions to protect vulnerable patients

- Consider more permanent designating separate waiting areas for "well" and "sick" patients
- Maintain Telemedicine/Telehealth

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Resurge Preparedness

- Stock up on supplies (at least 3-4 month inventory)
- Consider pre-planning for staff telework set-up
- Stay up to date with MD recovery status & on COVID prevalence and incidence rate

  - *COVID 19 & MDPCP Practices*
  - *MD COVID-19 Response*

Safety

Telemed

Telework

PPE
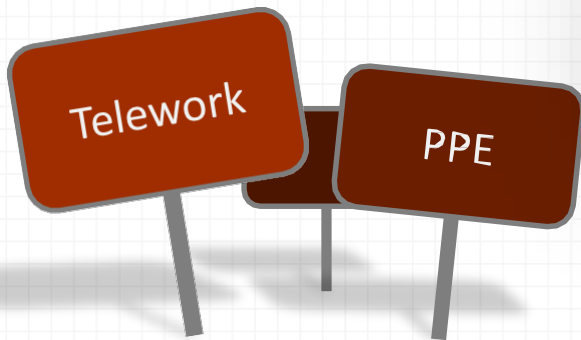
- Plan stricter enforcement of Practice Safety procedures/guidelines
- Plan to wind down on in-person visits and staff work schedule
- Plan to accelerate telemedicine and telehealth patient visits
- Prepare for surge in testing

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Additional Resources

- [Framework for Healthcare Systems providing Non-COVID-19 Clinical Care during the COVID-19 Pandemic](#)
- [PPE Emergency Medical Material Request Form](#)
- [MGMA COVID-19 Medical Practice Reopening Checklist](#)
- [AMA: A Physician's Guide to Reopening](#)
- CDC Coronavirus (COVID-19) [Homepage](#) and [Facebook](#) pages
- [CDC Guidelines: Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare](#)
- [CDC Print Resources to support COVID-19 recommendations](#)
- [Medical Group Management Association (MGMA) COVID-19: Sample Letter for Reopening a Practice](#)
- [National Governor's Association: Roadmap to Recovery and Public Health Guide for Governors](#)

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CME Accreditation and Designation

❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at **fberry@medchi.org**

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CME Disclosures and Evaluation

❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.

❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.

❖ Please complete an evaluation at: COVID-19 Update Evaluation

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Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)

- ❖ Future Webinars
  - ➤ Mondays (through June): data updates and Minority Health
  - ➤ Wednesdays (through June): updates and Behavioral Health
  - ➤ **Beginning in July – Wednesdays only - alternating between Behavioral Health and Minority Health guest speakers**

- ❖ Today - Dr. Mark Martin, Deputy Director, MDH Office of Minority Health and Health Disparities

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MARYLAND PRIMARY CARE PROGRAM

Maryland Office of Minority Health & Health Disparities Presentation

Mark A. Martin, PhD, MBA, MHA, MA
Deputy Director
Maryland Office of Minority Health & Health Disparities

June 22, 2020

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Agenda

- Overview of the Office Minority Health & Health Disparities (MHHD) https://health.maryland.gov/mhhd/Pages/home.aspx

- The MHHD COVID-19 Response

- Strategies To Promote Health Equity

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MHHD Overview

- **Vision:** Achieve health equity **where all individuals and communities** have the **opportunity and access to achieve and maintain good health.**

- **Mission:** Address the **social determinants of health and eliminate health disparities** by leveraging the Department's resources, providing health equity consultation, impacting external communications, guiding policy decisions and **influencing strategic direction on behalf of the Secretary of Health.**

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MHHD Overview

- Funded Programs:

  - Minority Outreach and Technical Assistance Program
    Overview: https://health.maryland.gov/mhhd/MOTA/Pages/Index.aspx

    MOTA Partners and their services
    https://health.maryland.gov/mhhd/Documents/MHHD%20MOTA%20Program%20Summary%2010.17.19.pdf

  - Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE)
    Program Overview https://health.maryland.gov/mhhd/EMBRACE/Pages/default.aspx
    (Ending July 2020)

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MHHD Overview

- Health Equity Conference
  - 2019 Theme: "Achieving Equity and Cost Reductions Through Clinical – Community Partnerships."
  - 2020 Theme Under Development.

- Other Activities:
  - Provide thought Leadership and Strategic Guidance
  - Cultural Competency Training
  - Black History Month, Minority Health Month
  - Internship Program

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The MHHD COVID-19 Response

- Messaging and Communications

- Kits of Essential Supplies

- Data Analyses

- Planning Ahead:
  - Messaging and Communications (TV, Radio, Digital, Print): Testing, Contact Tracing, Serology Survey Participation, Mitigation of Incorrect COVID-19 Rumors.
  - Local Health Departments Partnership (Kits of Essential Supplies).

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Strategies to Promote Health Equity

- COVID-19 highlighted inequities in health care for vulnerable populations and minority groups.

- Enhance Patient Engagement:
  - Develop a culture of empathy in the health care setting to level-set the environment:
    - Empathy in the medical setting is comprised of the appreciation of the patient's emotions and the expression of that awareness to the patient (Ekmana & Krasnerb, 2016).

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Strategies to Promote Health Equity

- Enhance Patient Engagement:

  - Train leaders to practice servant leadership to complement a culture of empathy.

  - Implement Cultural Competency Training to enhance our understanding of different cultures.

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Strategies To Promote Health Equity

- Enhance Patient Engagement:
  - Administer a social needs assessment for all of their patients, especially minority patients.

  - Administer an implicit bias test (https://implicit.harvard.edu/implicit/takeatest.html) of staff and leaders to begin the process of looking inward to understand our inherent incorrect predispositions in our understanding and treatment of people of other cultures.

  - Assess the race- specific performance on all practice metrics that are being tracked or the practice is being held accountable for (i.e., such as screening rates, medication guideline adherence, diagnostic testing guidelines, and disease under control guidelines for conditions such as hypertension and diabetes).

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Strategies To Promote Health Equity

- Social Determinants of Health:
  - Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. (CDC)

- Public – Private partnerships
  - Affordable Housing
  - Transportation
  - Education
  - Workforce Development
  - Food Insecurity

- Health in All Policies

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Strategies To Promote Health Equity

- What else can we do individually and personally?

1. Make a decision to join the fight to eliminate health disparities and promote health equity.

2. Leverage personal and professional partnerships.

3. Demonstrate resolve and consistency.

4. Become a life-long champion for health equity.

WE CAN WIN!

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Questions and Answers

Please type into the Questions box on the right side of your screen.

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Appendix

Resources and Links

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Scheduling In-Office Appointments

❖ Patient calls in for an appointment
  ➢ Reception screens patient on the phone using the [pre-visit screening template](#)
  ➢ Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
  ➢ Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
❖ Check In
  ➢ Practice remote check in and limited front-desk contact
  ➢ Consider using a triage zone outside of office or main area;
  ➢ Or use a barrier at the front desk
  ➢ Design your office to accommodate patients who come in specifically for COVID testing and triage, separate from patients who arrive for non-COVID related and elective procedures
    • Ensure patients and staff do not cross between COVID and non-COVID areas
    • Set aside a specific area for patients who come in for testing to wait and be triaged

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Scheduling In-Office Appointments

❖ Checking out
  ➢ Practice remote check out, limit front desk exposure;
  ➢ Or use a barrier at the front desk

❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

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Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate

2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
    i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
    ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
    iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests

3. **Social distancing must be maintained in all waiting areas**

4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**

5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html**
    i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
    ii. **Patients should wear a face covering whenever possible**

6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

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Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
Awesome Ninja Labs	Baltimore City	Medical devices	Face shields
CoastTec	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
CR Daniels	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
DiPole Materials	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
DVF Corporation	Washington	Metal and plastic fabrications	Plastic components of respirators
Fashions Unlimited	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
Fabrication Events	Howard	Special event decor	Face masks, head coverings, and other PPE
Harbor Designs	Baltimore City	Manufacturing design and engineering	Ventilators
Hardwire, LLC	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
K&W Finishing	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
Key Technologies	Baltimore City	Medical devices	Blower units for positive air pressure respirators
LAI International	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
Manta BioFuels	Baltimore County	Energy technology	Face shields
Marty's Bag Works	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
Nations Photo Lab	Baltimore County	Full-service photo printing	Face shields
NRL & Associates	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
Potomac Photonics	Baltimore County	Biotech and medical devices	PPE visors
Rankin Upholstery	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
Strouse	Carroll	Adhesive solutions	N-95 masks
X-Laser	Howard	Laser light show systems	Face shields

Personal Protective Equipment (PPE) Sources and Requests

❖ Routed through Local Health Departments

❖ Priority as previously stated - may change over time

❖ Maryland PPE Manufacturers List – next slide

❖ **National and International PPE Supplier List**

❖ **PPE request forms and local contacts**

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State Launches Maryland PPE Network Supplier Portal

❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery

❖ Maryland has launched the Maryland Manufacturing Network Supplier Portal, an online platform that helps connect Maryland suppliers with buyers in need of critical resources

❖ Large daily deliveries come into the state's warehouses

❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

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Help your patients get health coverage

Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

❖ **How to enroll**
  ➢ Enroll online at MarylandHealthConnection.gov
  ➢ Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
  ➢ Download the free "Enroll MHC" mobile app to enroll on a phone/tablet.
  ➢ Navigators throughout the state can answer questions and enroll consumers by phone.

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Considerations when Reusing N95 Respirators (CDC)

- There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases.
- Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.
- Manufacturers of N95 respirators may have specific guidance regarding reuse of their product.
- CDC guidelines advise to discard N95 respirators before they become a significant risk for contact transmission or their functionality is reduced
  - Administrative controls (e.g. staff training, reminders, and posters)
    - Minimize unnecessary contact with the respirator surface
    - Strict adherence to hand hygiene practices
    - Proper PPE donning and doffing technique, including physical inspection and performing a user seal check
  - Engineering controls (e.g. use of barriers to prevent droplet spray contamination)

Source

CDC Guidelines - N95 Respirators and Infection Control

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions, including conducting a user seal check.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.

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CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only used by a single wearer (Label N95 respirator on the straps with person's name)
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses.
  - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (including date).
  - Storage containers should be disposed of or cleaned regularly.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.

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CDC Guidelines - When to Discard N95 Respirators

- Discard N95 respirators following use during aerosol generating procedures
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions

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COVID-19 Testing Site Information

❖ Patients require a provider order for referral to testing sites

❖ Providers contact your local hospital or use the link below

❖ Sites are subject to host location restrictions and availability

❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – FAQs available here.

❖ Current list of testing sites, please click here

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CDC Guidelines for COVID Patient Management

❖ Healthy people can be monitored, self-isolated at home

❖ People at higher risk should contact healthcare providers early, even if illness is mild

❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact

❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease

❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

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Billing for End-of-Life Planning

❖ Billable event with AWV or Separate Encounter

❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

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Support for Patients at Home

❖ Food

➢ Meals on Wheels

❖ Caregivers

➢ Visiting nurses and caregivers

❖ Emotional support

➢ Support from family

➢ Phone calls and videochat to fight loneliness

➢ MD Department of Aging Senior Call Check Program

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Caregiver Services Corps (CSC)

❖ **OPEN for primary care providers STATEWIDE!**

❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with:

➢ Self-administration of medications

➢ Ambulation and transferring

➢ Bathing and completing personal hygiene routines

➢ Meal preparation and arranging for delivery of groceries and/or prepared meals

➢ Teaching how to use video technologies to connect with loved ones and/or healthcare providers

❖ Healthcare providers should alert their patients they are being referred

❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

Hospital Surge Preparedness

❖ Convention Center needs medical staff – Visit https://www.linkedin.com/jobs/view/1788387174

❖ Tents and Modular Units - including ICUs

❖ Expansion within facilities

❖ Professional student staffing

❖ Employment opportunities for healthcare professional and support staff: www.MarylandMedNow.com

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Opportunities to Volunteer and Serve

❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
- ➢ https://mdresponds.health.maryland.gov/
- ➢ Complete Road to Readiness

General Guidelines

Staying Current - Sources

❖ CDC

❖ MDH COVID-19 information page

❖ MDPCP COVID-19 webpage

❖ Local Health Departments

❖ CONNECT

❖ Clinician Letters

❖ Multiple Resource Links in Appendix

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MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the COVID-19 pandemic and beyond

Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the COVID-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked here
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

$300 per eligible physician

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Federal Emergency Funds for Small Business

❖ Disaster Loan Assistance (from Small Business Administration)
  ➢ Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  ➢ FAQs

❖ CARES Act (pending federal legislation)
  ➢ Sets up a $350 billion loan program for small businesses
  ➢ Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  ➢ Maximum loan amount is $10 million
  ➢ Loans can cover payroll, rent, utilities, or existing debt obligations
  ➢ Interest rates cannot exceed 4%
  ➢ If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  ➢ Loans will be available through the Small Business Administration and Treasury-approved banks, credit unions, and some nonbank lenders

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State Emergency Funds for Small Business

❖ COVID-19 Layoff Aversion Fund (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)

  ➢ Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs

  ➢ Award of up to $50,000 per applicant

  ➢ Will be quick deployable benefit and customizable to specific business needs

❖ View the One-Pager

❖ COVID-19 Layoff Aversion Fund Policy

❖ COVID-19 Layoff Aversion Fund Application (Excel)

❖ Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.

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Food Resources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➢ Maryland Summer Meals   Howard County

➢ Montgomery County   Anne Arundel County

➢ Prince Georges County   St. Mary's County

➢ Charles County   Harford County

➢ Frederick County   Calvert County

❖ Free meals available from 42 rec centers in Baltimore

➢ Call 311 for locations and to schedule pickup time

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Resources for Specific Groups

❖ Community- and Faith-Based Organizations (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html)

❖ Mass Gatherings and Large Community Events (https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html)

❖ Non-Pharmaceutical Interventions for Specific Groups (https://www.cdc.gov/nonpharmaceutical-interventions/index.html)

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Resources and References

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)

❖ CDC Coronavirus Website (https://www.cdc.gov/coronavirus/2019-nCoV/index.html)

❖ CDC National data on COVID-19 infection and mortality (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html)

❖ CDC Interim Guidance for Homes and Communities (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

❖ CDC Interim Guidance for Businesses (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html)

❖ CDC Interim Guidance for Childcare and Schools (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html)

❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)

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State Emergency Funds for Small Business

- ❖ Maryland Small Business COVID-19 Emergency Relief Loan Fund
  - ➢ $75 million loan fund (to be paid to <u>for-profit business only</u>)
  - ➢ Loans are up to $50,000
  - ➢ No interest or principal payments due for the first 12 months
  - ➢ Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum

- ❖ Maryland Small Business COVID-19 Emergency Relief Grant Fund
  - ➢ $50 million grant program for <u>businesses and non-profits</u>
  - ➢ Grant amounts of up to $10,000
  - ➢ Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020

- ❖ Emergency Relief Fund FAQ

- ❖ Questions or concerns email fpaaworkflowcoordinator.commerce@maryland.gov.

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